

U.S. ARMY TANK-AUTOMOTIVE AND ARMAMENTS COMMAND (TACOM) QUALIFIED SUPPLIERS LIST (QSL) APPLICATION REVISION A - 01 JULY 1998		SUBMIT FORM TO: U.S. ARMY TACOM-ARDEC ATTN: AMSTA-AR-QAW/BLDG 62 PICATINNY ARSENAL, NJ 07806-5000	
NOTE: COMPLETE ALL ITEMS. INSERT N/A IN ITEMS NOT APPLICABLE	2. QSL CATEGORY (CHECK ALL THAT APPLY)		3. TYPE OF APPLICATION (CHECK ALL THAT APPLY)
1. DATE	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> QSL-01 TRACKED COMBAT VEHICLES SUSPENSION COMPONENTS </div> <div style="width: 45%;"> <input type="checkbox"/> QSL-02 PLASTIC SPARE PARTS FOR SMALL ARMS </div> </div>		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> INITIAL </div> <div style="width: 45%;"> <input type="checkbox"/> REVISION </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> REAPPLICATION </div> </div>
4. IDENTIFICATION NUMBERS/CODES			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> DUNS NUMBER: _____ + _____ (Data Universal Numbering System - Call Dunn & Bradstreet at 1-800-333-0505 or 703-824-8383) </div> <div style="width: 45%;"> TPIN (OPTIONAL): _____ (To receive a contract with TACOM, you must be registered in the Central Contractor Registration (CCR). Once your CCR registration has been successfully processed you will receive a confirmation and your Trading Partner Identification Number (TPIN). For further information on the CCR, contact the TACOM Electronic Contracting Help Desk at 1-810-574-7059 or visit the CCR website at http://ccr.edi.disa.mil.) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> CAGE (OPTIONAL): _____ (Commercial and Government Entity Code - If you do not have a CAGE Code, one will be assigned to you. Call DLSC-Defense Logistics Service Center at 1-888- 352-9333.) </div> </div>			
5. NAME AND ADDRESS OF APPLICANT		6. ADDRESS TO WHICH SOLICITATIONS ARE TO BE MAILED (IF DIFFERENT THAN ITEM 5)	
NAME _____ STREET ADDRESS _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP OR POSTAL CODE _____ COUNTRY _____		NAME _____ STREET ADDRESS _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP OR POSTAL CODE _____ COUNTRY _____	
7. CORPORATE STATUS (SELECT ONLY ONE)			
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <input type="checkbox"/> SOLE PROPRIETORSHIP </div> <div style="width: 30%;"> <input type="checkbox"/> PARTNERSHIP </div> <div style="width: 30%;"> <input type="checkbox"/> NON-PROFIT ORGANIZATION </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 60%;"> <input type="checkbox"/> CORPORATION (INDICATE WHERE INCORPORATED: STATE ____ OR COUNTRY _____) </div> </div>			
8. SIZE AND TYPE OF BUSINESS			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> CHECK ALL THAT APPLY </div> <div style="width: 45%;"> <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> DISADVANTAGED BUSINESS </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> MINORITY OWNED <input type="checkbox"/> WOMAN OWNED </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 20px;"> <div style="width: 20%;"> AVERAGE # OF EMPLOYEES _____ </div> <div style="width: 30%;"> \$ _____ .00 AVERAGE ANNUAL REVENUE (USE 3 YEAR AVERAGE) </div> <div style="width: 30%;"> TOTAL FLOOR SPACE (SQ FT) _____ </div> <div style="width: 20%; border-left: 1px solid black; padding-left: 10px;"> <div style="margin-bottom: 10px;"> MANUFACTURING FLOOR SPACE (SQ FT) _____ </div> <div> WAREHOUSE FLOOR SPACE (SQ FT) _____ </div> </div> </div>			

9. GOODS & SERVICES

LIST ALL SIC CODES THAT IDENTIFY YOUR COMPANY'S SPECIFIC INDUSTRY

(AT LEAST ONE CODE MUST BE ENTERED; CODES ARE EITHER 4 OR 8 NUMERIC DIGITS; CONTACT YOUR REGIONAL PTAC - PROCUREMENT TECHNICAL ASSISTANCE CENTER TO DETERMINE YOUR SIC - STANDARD INDUSTRIAL CLASSIFICATION CODES. CALL 703-767-1650 TO LOCATE YOUR REGIONAL PTAC);

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. NAMES OF OFFICERS, OWNERS OR PARTNERS

PRESIDENT _____	VICE PRESIDENT _____
SECRETARY _____	TREASURER _____
OWNERS OR PARTNERS _____	

11. AFFILIATES OF APPLICANT

(NAMES, LOCATIONS AND NATURE OF AFFILIATION. ATTACH SEPARATE SHEET. BUSINESS CONCERNS ARE AFFILIATES OF EACH OTHER WHEN DIRECTLY OR INDIRECTLY ONE CONCERN CONTROLS OR HAS THE POWER TO CONTROL BOTH. WHEN DETERMINING WHETHER OR NOT AFFILIATION EXISTS, CONSIDERATION IS GIVEN TO ALL APPROPRIATE FACTORS INCLUDING COMMON OWNERSHIP, COMMON MANAGEMENT AND CONTRACTUAL RELATIONSHIP)

12. PERSONS AUTHORIZED TO SIGN OFFERS AND CONTRACTS IN YOUR NAME (INDICATE IF AGENT)

NAME	OFFICIAL CAPACITY	TELEPHONE & FAX NUMBERS (INCLUDE AREA CODES)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. CERTIFICATION

I CERTIFY THAT INFORMATION SUPPLIED HEREIN (INCLUDING ALL PAGES ATTACHED) IS CORRECT AND THAT NEITHER THE APPLICANT NOR ANY PERSON (OR CONCERN) IN ANY CONNECTION WITH THE APPLICANT AS A PRINCIPAL OR OFFICER, SO FAR AS IS KNOWN, IS NOW DEBARRED OR OTHERWISE DECLARED INELIGIBLE BY ANY AGENCY OF THE FEDERAL GOVERNMENT FROM MAKING OFFERS FOR FURNISHING MATERIALS, SUPPLIES, OR SERVICES TO THE GOVERNMENT OR ANY AGENCY THEREOF. IT IS UNDERSTOOD THAT ANY DISCREPANCIES OR OMISSIONS IN THIS APPLICATION WHEN COMPARED TO GOVERNMENT RECORDS MAY BE CAUSE FOR REJECTION OF MY APPLICATION. THE PENALTY FOR MAKING FALSE STATEMENTS IS PRESCRIBED IN U.S.C. 1001.

NAME OF PERSON AUTHORIZED TO SIGN (TYPE OR PRINT) _____	TITLE _____
TELEPHONE NUMBER (INCLUDE AREA CODE) _____	
SIGNATURE _____	DATE _____

SUPPLEMENTAL SUPPLIER INFORMATION

PLEASE PROVIDE A SEPARATE RESPONSE FOR EACH QSL FOR WHICH YOU ARE APPLYING, MAKING PHOTOCOPIES OF PAGES 3 AND 4 AS NEEDED.

WITH THIS APPLICATION, PLEASE PROVIDE A COPY OF YOUR COMPANY'S QUALITY MANUAL. ALSO PROVIDE A COPY OF DOCUMENTS WHICH DETAIL YOUR VENDOR MANAGEMENT PROGRAM ASSOCIATED WITH THE QSL PRODUCTS AS WELL AS ANY PRODUCT-UNIQUE MANUFACTURING PRACTICES THAT DIRECTLY RELATES TO ASSOCIATED QSL CRITERIA. THE VENDOR MANAGEMENT DOCUMENTATION SHOULD FULLY DESCRIBE CONTROLS PLACED ON ALL VENDORS PERFORMING MANUFACTURING OR ASSEMBLY OPERATIONS TO INSURE COMPLIANCE WITH TECHNICAL AND QUALITY ASSURANCE REQUIREMENTS AND TO INSURE PRODUCTS WILL BE FABRICATED USING PRACTICES CONSISTENT WITH QSL CRITERIA.

TACOM RESERVES THE RIGHT, AS PART OF THE APPLICATION REVIEW PROCESS, TO REQUEST FURTHER INFORMATION ON THE POLICIES AND PRACTICES OF YOUR COMPANY AND TO PERFORM QUALIFICATION ASSESSMENTS WHERE RISK MANAGEMENT WARRANTS IT.

COMPANY NAME: _____

DUNS NUMBER: _____ + _____

ADDRESS: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS :

1. WHICH QSL ARE YOU APPLYING FOR (SELECT ONE)?

☐ QSL-01 TRACKED COMBAT VEHICLE SUSPENSION COMPONENTS

☐ QSL-02 PLASTIC SPARE PARTS FOR SMALL ARMS

FOR THE SELECTED QSL, PLEASE PROVIDE A LIST OF THOSE NATIONAL STOCK NUMBERS WHICH YOU HAVE SOLD TO THE GOV'T IN THE PAST 5 YEARS, AS WELL AS THE NAMES AND TELEPHONE NUMBERS OF APPLICABLE GOV'T PROCURING OFFICIALS. PLEASE PROVIDE PRODUCT QUALITY INFORMATION FROM PREVIOUS AND ON-GOING PROCUREMENTS, OF LIKE OR SIMILAR PRODUCTS, REFLECTING YOUR CAPABILITY/EXPERIENCE IN MANUFACTURING THE ASSOCIATED PRODUCT LINE. -- ATTACH SEPARATE SHEETS.

2. WHICH DESCRIBES YOUR COMPANY AS IT RELATES TO PRODUCTS COVERED UNDER THE QSL FOR WHICH YOU ARE APPLYING, INCLUDING ALL ASSOCIATED MATERIALS, COMPONENTS, SUBASSEMBLIES AND ASSEMBLIES? (CHECK ALL THAT APPLY)

☐ A - DISTRIBUTOR (DEFINITION - A SOURCE OR CONCERN WHICH OWNS, OPERATES OR MAINTAINS A STORE, WAREHOUSE OR OTHER ESTABLISHMENT IN WHICH FINISHED PRODUCTS ARE BOUGHT, KEPT IN STOCK AND SOLD WITHOUT ANY ADDITIONAL MANUFACTURING OR ASSEMBLY OPERATIONS)?

☐ B - MANUFACTURER (SEE NOTE 1 BELOW)

☐ C -ASSEMBLER (SEE NOTE 2 BELOW)

NOTE 1 - IF YOU SELECTED B IN QUESTION 2, PLEASE LIST THE MANUFACTURING PROCESSES (MACHINING, CASTING, COATING, HEAT TREAT, PLATING, ETC.) THAT WILL BE PERFORMED IN-HOUSE AND THOSE WHICH SHALL BE PERFORMED BY SUBCONTRACTORS. -- ATTACH SEPARATE SHEETS.

NOTE 2 - IF YOU SELECTED C IN QUESTION 2, PLEASE DESCRIBE THE ASSEMBLY OPERATIONS THAT WILL BE PERFORMED IN-HOUSE AND THOSE WHICH SHALL BE PERFORMED BY SUBCONTRACTORS -- ATTACH SEPARATE SHEETS.

3. FOR THE PRODUCTS COVERED UNDER THE QSL FOR WHICH YOU ARE APPLYING, WHICH QUALITY SYSTEM STANDARDS / MODELS DOES YOUR COMPANY COMPLY WITH? (CHECK ALL THAT APPLY)

☐ ISO 9001 (ANSI/ASQ Q9001) ☐ BOEING D1-9000

☐ ISO 9002 (ANSI/ASQ Q9002) ☐ MIL-Q-9858

☐ QS-9000 ☐ MIL-I-45208

☐ AS9000 ☐ OTHER: SPECIFY _____

(ON PAGE 5 OF THIS APPLICATION, PLEASE LIST REFERENCES WHO HAVE VALIDATED COMPLIANCE TO THE QUALITY SYSTEM STANDARDS / MODELS SELECTED ABOVE, AS WELL AS ANY ADDITIONAL SECOND OR THIRD PARTY ASSESSMENTS PERFORMED.)

REFERENCES

To facilitate the Qualification Process, and eliminate unnecessary site-surveys, we request that you provide the following information with regard to prior Gov't & Industry surveys/audits conducted at your site within the last 18 months. Please also include data on association certifications (e.g., ISO 9002, NADCAP, (CP)2, etc.) Attach additional sheets if necessary.

Ref #	Company Conducting Survey/Audit	Point of contact at Conducting Company (include telephone with Area Code)	Date & Purpose of most recent Survey/Audit	Date Initially registered or Approved as a Supplier for that Company
1				
2				
3				
4				
5				
6				
7				
8				